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CONFIRMATION NO. 9080

<b>SERIAL NUMBER</b> 10/776,020	<b>FILING OR 371(c) DATE</b> 02/09/2004 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3761	<b>ATTORNEY DOCKET NO.</b> 064693-0102
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## APPLICANTS

Ramez Emile Necola Shehada, La Mirada, CA;

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/445,714 02/07/2003 and claims benefit of 60/453,009 03/06/2003

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*verified RCH*IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
\*\* 05/06/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 26	<b>TOTAL CLAIMS</b> 23	<b>INDEPENDENT CLAIMS</b> 4
Verified and Acknowledged	<i>LC Miller</i> Examiner's Signature	<i>LCM</i> Initials			

## ADDRESS

MCDERMOTT, WILL & EMERY  
Suite 3400  
2049 Century Park East  
Los Angeles, CA90067

## TITLE

Surgical drain with sensors for monitoring fluid lumen

<b>FILING FEE RECEIVED</b> 520	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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